

Risk stratification for syncope

SHORT-TERM HIGH RISK CRITERIA WHICH REQUIRE PROMPT HOSPITALIZATION OR INTENSIVE EVALUATION	
Severe structural or coronary artery disease (heart failure, low LVEF, or previous myocardial infarction)	
Clinical or ECG features suggesting arrhythmic syncope	
- Syncope during exertion or supine	
- Palpitations at the time of syncope	
- Family history of SCD	
- Non-sustained VT	
- Bifascicular-block (LBBB or RBBB combined with left anterior or left posterior fascicular block) or other intraventricular conduction abnormalities with QRS duration ≥ 120 ms	
- Inadequate sinus bradycardia (<50 bpm) or sinoatrial block in absence of negative chronotropic medications or physical training	
- Pre-excited QRS complex	
- Prolonged or short QT interval	
- RBBB pattern with ST-elevation in leads V1-V3 (Brugada pattern)	
- Negative T waves in right precordial leads, epsilon waves, and ventricular late potentials suggestive of ARVC	
Important co-morbidities	
- Severe anaemia	
- Electrolyte disturbance	

ARVC: arrhythmogenic right ventricular cardiomyopathy; bpm: beats per minute; LBBB: left bundle branch block; LVEF: left ventricular ejection fraction; RBBB: right bundle branch block; SCD: sudden cardiac death; VT: ventricular tachycardia.

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Graphic 78397 Version 9.0